

**CRITERIA FOR PRIOR AUTHORIZATION**

Cotellic® (cobimetinib)

**PROVIDER GROUP** Pharmacy  
Professional

**MANUAL GUIDELINES** The following drug requires prior authorization:  
Cobimetinib (Cotellic)

**CRITERIA FOR PRIOR AUTHORIZATION FOR COBIMETINIB:** (must meet all of the following)

- Patient must have a diagnosis of unresectable or metastatic melanoma
- Patient must have a documented BRAF V600E or V600K mutation
- Must be used in combination with vemurafenib
- Patient must be 18 years of age or older
- Must be prescribed by, or in consultation with, an oncologist or hematologist
- Patient must not be on concurrent moderate or strong CYP3A inducers or inhibitors
- Patient must not be pregnant

**LENGTH OF APPROVAL:** 12 months

**Notes:**

- Not indicated for the treatment of patients with wild-type BRAF melanoma
- Information on FDA-approved tests for the detection of BRAF V600 mutations in melanoma is available at:  
<http://www.fda.gov/CompanionDiagnostics>